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## AF FORMAL AMENDMENT & RCE

Fax to:

Examiner Peter Chin  
U.S. Patent and Trademark Office  
Group Art Unit 1731  
(703) 872-9311  
Technology Center Fax

At Fax Number:

From: Patrick J.G. Stiennon  
Date: December 6, 2003  
Time:  
Our Reference: FORSAL-35

This transmission has 30 pages (including this sheet)

There follows in Application No. 10/069,203.

- PTO/SB/30 Request for Continued Examination (RCE) Transmittal (1 p)
- PTO/SB/06 Patent Application Fee Determination Record (1 p)
- Amendment (9 pp)
- Supplemental Information Disclosure Statement (2 pp)
- PTO/SB/08A (1 p) with one attached document (15 pp)

PTO/SB/30 (09-03)

Approved for use through 07/31/2006, OMB 6551-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**Request  
for  
Continued Examination (RCE)  
Transmittal**

Address to:  
Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

<i>Application Number</i>	10/069,203
<i>Filing Date</i>	July 10, 2002
<i>First Named Inventor</i>	Pekka Kolvukunnas
<i>Art Unit</i>	1731
<i>Examiner Name</i>	Peter Chin
<i>Attorney Docket Number</i>	FORSAL-35

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

**1. Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

a.  Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

i.  Consider the arguments in the Appeal Brief or Rely Brief previously filed on \_\_\_\_\_

ii.  Other \_\_\_\_\_

b.  Enclosed

i.  Amendment/Reply

ii.  Affidavit(s)/Declaration(s)

iii.  Information Disclosure Statement (IDS)

iv.  Other \_\_\_\_\_

**2. Miscellaneous**

Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(e) required)

a.  Other \_\_\_\_\_

**3. Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

The Director is hereby authorized to charge the following fees, or credit any overpayments, to

a.  Deposit Account No. 50-2683

i.  RCE fee required under 37 CFR 1.17(e)

ii.  Extension of time fee (37 CFR 1.136 and 1.17)

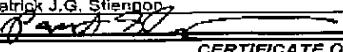
iii.  Other Additional 2 ind. claims from SB/06

b.  Check in the amount of \$ \_\_\_\_\_ enclosed

c.  Payment by credit card (Form PTO-2038 enclosed)

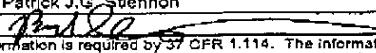
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print/Type)	Patrick J.G. Stiennon	Registration No. (Attorney/Agent)	34934
Signature		Date	December 6, 2003

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Name (Print/Type)	Patrick J.G. Stiennon	Date	December 6, 2003
Signature			

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/06 (11-90)

PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number FORSAL-35 App. No.: 10/069.203				
CLAIMS AS FILED - PART I					SMALL ENTITY		OTHER THAN SMALL ENTITY		
(Column 1)			(Column 2)						
FOR	NUMBER FILED	NUMBER EXTRA			RATE	Fee	RATE	Fee	
BASIC FEE									
Total Claims	8 minus 20 =	0			x \$ 9 =			\$760.00	
Independent Claims	4 minus 3 =	1			x 42 =				
MULTIPLE DEPENDENT CLAIM PRESENT					+130 =				
*If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL		TOTAL	\$760.00	
CLAIMS AS AMENDED - PART II					SMALL ENTITY		OTHER THAN SMALL ENTITY		
(Column 1)			(Column 2)		(Column 3)				
AMENDMENT A	Claims Remaining After Amendment		Highest Number Previously Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee	
	Total	11	Minus	20	0	x \$9.00 =	\$0.00	x \$18.00 =	\$0.00
	Independent	6	Minus	4	2	x \$43.00 =	\$86.00	x \$86.00 =	\$156.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ =		+ =		
AMENDMENT B	Claims Remaining After Amendment		Highest Number Previously Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee	
	Total	0	Minus	**	0	x \$ =		x \$ =	
	Independent	0	Minus	***	0	x =		x =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ =		+ =		
AMENDMENT C	Claims Remaining After Amendment		Highest Number Previously Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee	
	Total	0	Minus	**	0	x \$ =		x \$ =	
	Independent	0	Minus	***	0	x =		x =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ =		+ =		
*If the entry in column 1 is less than the entry in column 2, write "0" in column 3					Total Addit. Fee		Total Addit. Fee		
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.									

PTO/SB/06 (11-90)

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